

**MULTIPLE DEFENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+					
2	+					
3	+					
4	+					
5		+				
6		+				
7		+				
8		+				
9		+				
10		+				
11		+				
12	0		+			
13			+			
14			+			
15				+		
16				+		
17				+		
18				+		
19				+		
20				+		
21				3		
22				3		
23					1	
24						1
25						1
26						+
27						+
28						1
29						+
30						4
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38					1	
39						1
40						+
41						+
42						1
43						3
44						02
45						1
46						02
47						1
48					1	
49					1	
50						12
TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		+				
52		+				
53		1				
54		3				
55		12				
56		1				
57	1					
58	1					
59		02				
60		+				
61		+				
62		1				
63		+				
64		+				
65		53				
66		2+				
67		1				
68	1					
69	1					
70		1				
71		1				
72	1					
73		1				
74	1					
75	1					
76		2				
77	1					
78	1					
79		2				
80	1					
81	1					
82	1					
83	1					
84	1					
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	51			18		
TOTAL				21		